

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037089

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 1 1963

273

594

133

VS 300  
Rev. 4/59

10790

20790

3

4 1

5 2

6

7 0

8 2

9 151X

10

11

12 9-20

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Perry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Altenburg

Length of stay in 1b

Life

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Main Street

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Perry

c. CITY  
OR  
TOWN

Altenburg

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

Main Street

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

Emma

Middle

Zoellner

Last

4. DATE  
OF  
DEATH

Sept. 20

Day

1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

12-18-83

## 9. AGE (last birthday)

79

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House work

## 10b. KIND OF BUSINESS OR INDUSTRY

Own Home

## 11. BIRTHPLACE (City and state or country)

Perry County, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

HENRY WIRTH

## 13b. MOTHER'S MAIDEN NAME

FELICIA THEIRET

## 14. NAME OF HUSBAND OR WIFE

Erwin Zoellner

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Martin Rauh

Altenburg, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

~~Carcinoma~~ Carcinoma of Stomach

## INTERVAL BETWEEN ONSET AND DEATH

5 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

6-27-63

to

9-20-63

and last saw her alive on

9-20-63

Death occurred at

9:15 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Theodore Fisher M.D.

(Degree or title)

## 22b. ADDRESS

Altenburg Mo

## 22c. DATE SIGNED

9/24/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

9-23-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Trinity Lutheran Cem.

## 23d. LOCATION (City, town, or county)

Altenburg Mo.

## 24. FUNERAL DIRECTOR

Young & Sons Perryville Mo

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

9-23-63

## 26. REGISTRAR'S SIGNATURE

Joe J. Zoellner

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Signed Wallace Young

P. O. Address Peasewick, W.D.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.